

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 812495/150 (10.230)														
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____	In re Application of Goodwin et al.  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 09/273,238</td> <td style="width: 40%; padding: 2px;">Filed 3/19/99</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For OPTIMIZATIONS FOR TUNNELING BETWEEN A BUS AND A NETWORK</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 2663</td> <td style="padding: 2px;">Examiner Min Jur</td> </tr> </table>		Application Number 09/273,238	Filed 3/19/99	For OPTIMIZATIONS FOR TUNNELING BETWEEN A BUS AND A NETWORK		Group Art Unit 2663	Examiner Min Jur								
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)</td> <td style="text-align: right;">\$ <u>1,640</u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;">         _____          /Gunnar G. Leinberg/          Signature       </td> <td style="width: 50%; text-align: center;">         _____          January 24, 2008          Date       </td> </tr> <tr> <td style="width: 50%; text-align: center;">         _____          Gunnar G. Leinberg          Typed or printed name       </td> <td style="width: 50%; text-align: center;">         _____          (585) 263-1014          Telephone Number       </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)	\$ _____	<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)	\$ <u>1,640</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)	\$ _____	_____ /Gunnar G. Leinberg/ Signature	_____ January 24, 2008 Date	_____ Gunnar G. Leinberg Typed or printed name	_____ (585) 263-1014 Telephone Number
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<input type="checkbox"/> Total of _____ forms are submitted.																

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